



Adviser use only
 Adviser number:

 Adviser name:

Cancellation form

Personal Details

Title: Mr Mrs Ms Miss Dr Other:

First name(s) (including any middle names): Surname:

Current address details
 Postal Address:
 Postcode:

Date of Birth:

Contact Daytime Telephone Number: ()

Email:

AMP Products

Please indicate the product you would like to cancel and enter the associated policy numbers:

Lifetrack/Businesstrack Term Life Insurance

Risk Protection Plan Replacement Income Insurance

Reason for Cancellation

No longer required
 No Mortgage/Debt Retired/Sold business

Cover has been placed with another company
 Product Price New Adviser

Affordability
 Price Unemployed Redundant

Policy Owner(s)

Signature of 1st policy owner: SIGN HERE

Date:

Signature of 2nd policy owner: SIGN HERE

Date:

Signature of 3rd policy owner: SIGN HERE

Date:

Signature of 4th policy owner: SIGN HERE

Date:

Please note: If policy premiums are paid on a monthly, fortnightly or weekly basis, your policy will be cancelled from the next Premium Due Date. If policy premiums are paid on an annual basis, cancellation will be effective from the date the cancellation form is received and any premiums paid for the current year will be refunded on a pro-rata basis.